U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



3. Name and address of person filing.

Name JAMES A HUNNIUS

P.O. Box, Bldg., Room No., if any SUITE 70

1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

01/01/04 Through: 12/31/04

4. Name, file number, and address of labor organization.

Name BAC 100A1 18 190.

Labor Organization File Number 017-533

P.O. Box, Building and Room Number, if any SUITE 70

Street 325 PAUL AUE	Street 395 PAOK AVE.
City FERGUSON	City FERGUSON
State 191550UR1 ZIP Code + 4 63135	State M1550UR1 ZIP Code + 4 6 3135-2761
5. Position in labor organization. BUSINESS MANAGER -	FINANCIAL SECRETARY
Enter appropriate data below If, during the past fiscal year, you or your spo (except as specified in the exclu	use or minor child directly or indirectly had any of the following interests sions set forth in the instructions);
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organizati	derived income or other economic benefit of on represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
Name 4 1/6	N/A
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	7.b. Amount.
Street	-0-
City	
State ZIP Code + 4	
Sigr	pature
15. Signature and verification. The undersigned declares, under penalty of	Perjury and other applicable penalties of the law, that all of the information

submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the

undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8	Name a	and	address	of Business	(includina	trade name	. if	anv	١.
υ,	1101110 0	71 IV	DGGI 633	01 003111033	IIIIAAAAAIII	trade manne			1.

Name TILE FINISHERS LOCAL 18 MO, PENSION

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 2732 IRONDALE

City ST, LOUIS

State MO,

ZIP Code + 463/29

9. Business deals with:

X a, Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

NA

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

PENSION FUND

11.b. Approximate dollar value of such dealing \$5, 113, 496, 9

12.a. Nature of interest held or income received.

PINNER MEETING AT LONDARDO'S

MARCH - 2004

12.b. Amount. # 1/3

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

13.b. Is the Business an Employer

or Consultant

?

14.a. Nature of payment.

14.b. Amount of payment

-0-

Name of Person Filing JAMES A, HUNNIU:	File Number U-
B. Held an interest in or derived income or economic benefit with monetary v substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actually any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business tively seeking to represent, or ndirectly to, or otherwise
8 Name and address of Business (including trade name, if any).	9. Business deals with:
Name TILE FINISHERS LOCAL 18 MO, PENSION Trade Name, if any: PO Box, Bidg., Room No., if any	a. Labor Organization b. Trust c. Employer
Street 2732 IRONDALE City ST, LOUIS	
State MO, ZIP Code + 463/29	
10 If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any. P O Box, Bldg., Room No., if any	11.a. Nature of such dealing. PENSION FUNO
Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing 5, 1/3, 496, 99 12.a. Nature of interest held or income received. DINNER MEETING AT LOMBARDO'S JUNE 2004
C Received from any employer (other than an employer covered und or from any labor relations consultant to an employer any payment of mone	
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any: PO Box, Bldg., Room No., if any Street	NA
Спу	
State ZIP Code + 4	

14.b. Amount of payment

-0-

13.b. Is the Business an Employer

or Consultant

?

P.O. Box, Bldg., Room No., if any Street City ZIP Code + 4 State 14.b. Amount of payment or Consultant ? -0-13.b. Is the Business an Employer

Name of Person Filing JAMES A, HUNNIC	75 File Number U-
B. Held an interest in or derived income or economic benefit with moneta substantial part of which consists of buying from, selling or leasing to, or of an employer whose employees your labor organization represents or is (2) any part of which consists of buying from or selling or leasing directly dealing with your labor organization or with a trust in which your labor organization.	otherwise dealing with the business s actively seeking to represent, or or indirectly to, or otherwise
8 Name and address of Business (including trade name, if any). Name TILE FINISHERS LOCAL 18 MO, PENSION Trade Name, if any: PO Box, Bldg., Room No., if any Street 2732 FRONDALE City ST, LOUIS State MO, ZIP Code + 463129	9. Business deals with: A a. Labor Organization b. Trust c. Employer
10 If 9.b or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P O Box, Bldg., Room No., if any Street	11.a. Nature of such dealing. PENSION FUND
City State ZIP Code + 4	11.b. Approximate dollar value of such dealing 5, 1/3, 496, 99 12.a. Nature of interest held or income received. DINNER MEETING AT LOMBARDO'S DECIMBER 2004
C Received from any employer (other than an employer covered or from any labor relations consultant to an employer any payment of mo	12.b Amount. \$\frac{1}{2}, \frac{9}{2}\$ under parts A and B above) oney or other thing of value
13 a Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name	14.a. Nature of payment.
Trade Name, if any PO Box, Bidg., Room No., if any Street City	NA
State ZIP Code + 4	

14.b. Amount of payment

-0-

7

or Consultant

13 b. Is the Business an Employer

B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is acti (2) any part of which consists of buying from or selling or leasing directly or ind dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any). Name SCHUCHAT, COOK, & WERNER Trade Name, if any: P.O. Box, Bldg., Room No., if any SHELL BLDG, 2ND FLOOR Street 1221 LOCUST STREET City ST, LOUIS State MISSOURI ZIP Code + 463103-2364	9. Business deals with: X a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing. PROFESSIONAL LEGAL SERVICES
Street City State ZIP Code + 4	11.b. Approximate dollar value of such dealing. # 503, 22 12.a. Nature of interest held or income received. TWO TICKETS STL, CARDINAL'S BALLGAME
	12.b. Amount. # 74, 09

3 a. Name and address of Employer or (including trade name, if any).	Labor Relations Consultant	14.a. Nature of payment.
Name		,
Trade Name, if any:	12/2	NA
P.O. Box, Bidg., Room No., if any	707	
Street		
City		
State	ZIP Code + 4	
13,b. Is the Business an Employer	or Consultant ?	14.b. Amount of payment.